LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

PAID

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380179801

Issued 07/08/98
Expires 01/08/99
Revenue Code 3157

FEES: $150.00

Establishment
JOHN JACOBS
T12N R5E SEC 25 QTR SW
N 1/2 OF NW1/4 OF SW
17100 NW 70 ST-RAYMOND

TOTAL $150.00

Permittee
JOHN JACOBS
5245 M ST
LINCOLN NE 68510-1945

Issued By Health Director
Lincoln-Lancaster County Health Department

007806

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

A

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 17100 NW 70TH (no rural route) City RAYMOND NE, Zip 68428

Legal Description N½ NW¼ SW¼ Sect 25-12-5
(1/4 1/4 Section Township Range Subdivision Addition Block Lot)

Geographical Location (if known): Longitude _____ Latitude _____

☒ Check if system mail address is not the same as the owner's address

B. Owner

Name JOHN JACOBS Signature John Jacobs

Address 5245 M ST LINCOLN NEBR 68510 City/State/Zip _____

☐ Check if owner designed system Home Phone 489-5707 Work Phone 499-2026

C. Contractor

Name JOHN JACOBS Company Name _____

Address SAME City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name John Strohmeyer Firm Excavating Inc Work Phone 430-6023

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub (YES) NO

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 7/8/98 Date frwd 7/8/98 **ACTION** ☒ Approved ☐ Disapproved Signature Gerald C. Hood need permit
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7.8.98 Date frwd 7.8.98 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 7-8-98 Date frwd 7-8-98 **ACTION** ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Ron Mayfield

Date 12-23-98

Business Office Use Only

Date Rec'd 07/08/98

Amt Paid 150 ⁼

Rec'd By _____ ~~Cash~~/Check No. 7020

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
Environmental Health Division
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B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 17100 NW 70th (no rural route) City RAYMOND NE, Zip 68428

Owner John Jacobs Addresss 5245 m st lincoln ne 68510

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: _____ min./inch

Date of Tests 6/26 to 6/27 Weather: Precipitation _____ Temperature 93°

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	30"	6/26	10:00 A	6/27	10:00 A	6/27	1:30 PM	6"	6/27	2:00	30	1 1/4	24
2	29"	6/26	10:00	6/27	10:00	6/27	1:30	6"	6/27	2:00	30	1	30
3	31"	6/26	10:00	6/27	10:00	6/27	1:30	6"	6/27	2:00	30	3/4	40
4	30"	6/26	10:00	6/27	10:00	6/27	1:30	6"	6/27	2:00	30	7/8	34
5	30"	6/26	10:00	6/27	10:00	6/27	1:30	6"	6/27	2:00	30	1 1/8	27
6	31"	6/26	10:00	6/27	10:00	6/27	1:30	6"	6/27	2:00	30	1	30

Person Conducting Percolation Tests

Name: John Strohmyer
Phone: 430-6023
Address 6667 N.W. 48th
Lincoln NE 68524

Sum of Percolation Rates: 145
Average of Rates: 30.83
Rate Used for Calculation: 31

191' Lateral

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date JULY 8, 1998

FORM 23-101 10-96

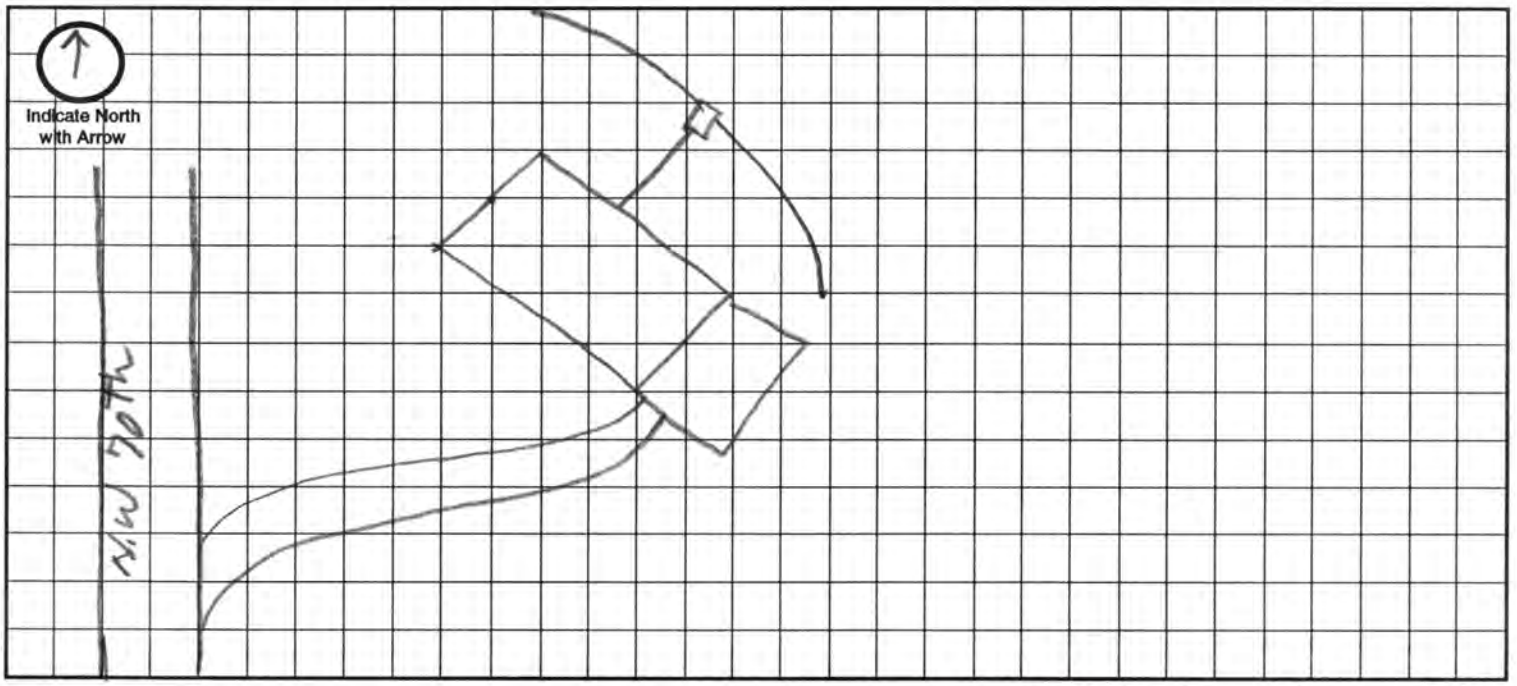
Lincoln-Lancaster County Health Department
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C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 17100 NW 70th City RAYmond NE NE, Zip 68428

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 185 (min. per inch) Soil Type: SHARPSBURG Silty clay LOAM Land Slope: _____ %

Type of Absorption System: ☑ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 764 sq. ft.

Type of Lateral: ☑ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: equaliger

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 200 ft. Number of Trenches 2 Trench Width 4'

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☑	25 ☑	20 ☐	15 ☑	25 ☑	☐
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	30 ☑	20 ☐	30 ☑	40 ☑	☐
Lagoon (ft)	100 ☐	500 ☑	50 ☑	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☑	☐

E. Required Signatures

Home Building Contractor _____ Date 7-6-98

Installer _____ Date _____

Lincoln-Lancaster County Health Department
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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 12-23-98 John Jacobsen

System Location (Indicate correct number and street)

Address 17100 N.W. 70th (no rural route) City Raymond NE, Zip

A. Building Sewer

1. Material: Class 160 Plastic
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 3'6" in.
3. Distance between dwelling and septic tank: 174 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line ____ ft.
   stream N.A. ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter ____ in.
   Over outlet, diameter ____ in.
   Riser: ☑ above ☐ below grade 4 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 12 ft.

D. Absorption Field

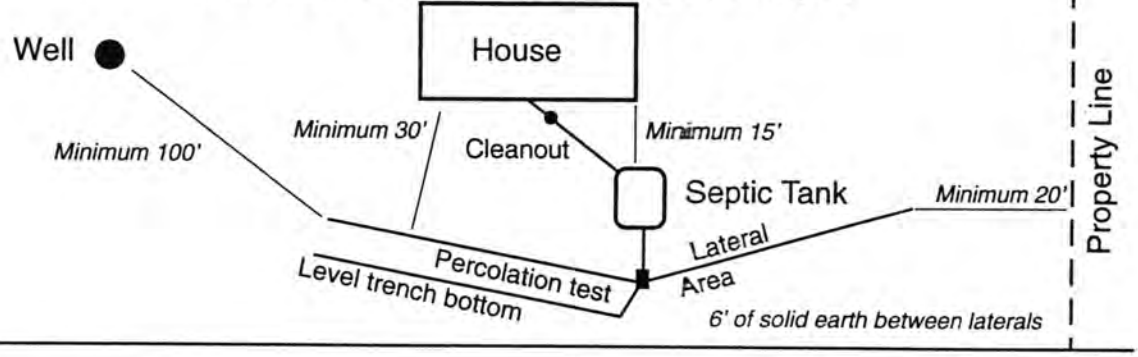
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: infiltrators
   or perforated pipe: on ground
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 2
   Length of each line: 100 ft. 100 ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0"-2" in/100 ft.
   Average depth 22 in
4. Filter material: gravel
   Depth of material 18 in.
5. Distances to: Well or suction line 100+ ft.
   Stream N.A. ft.
   Pressure line 100+ ft.
   Property line 75 ft.

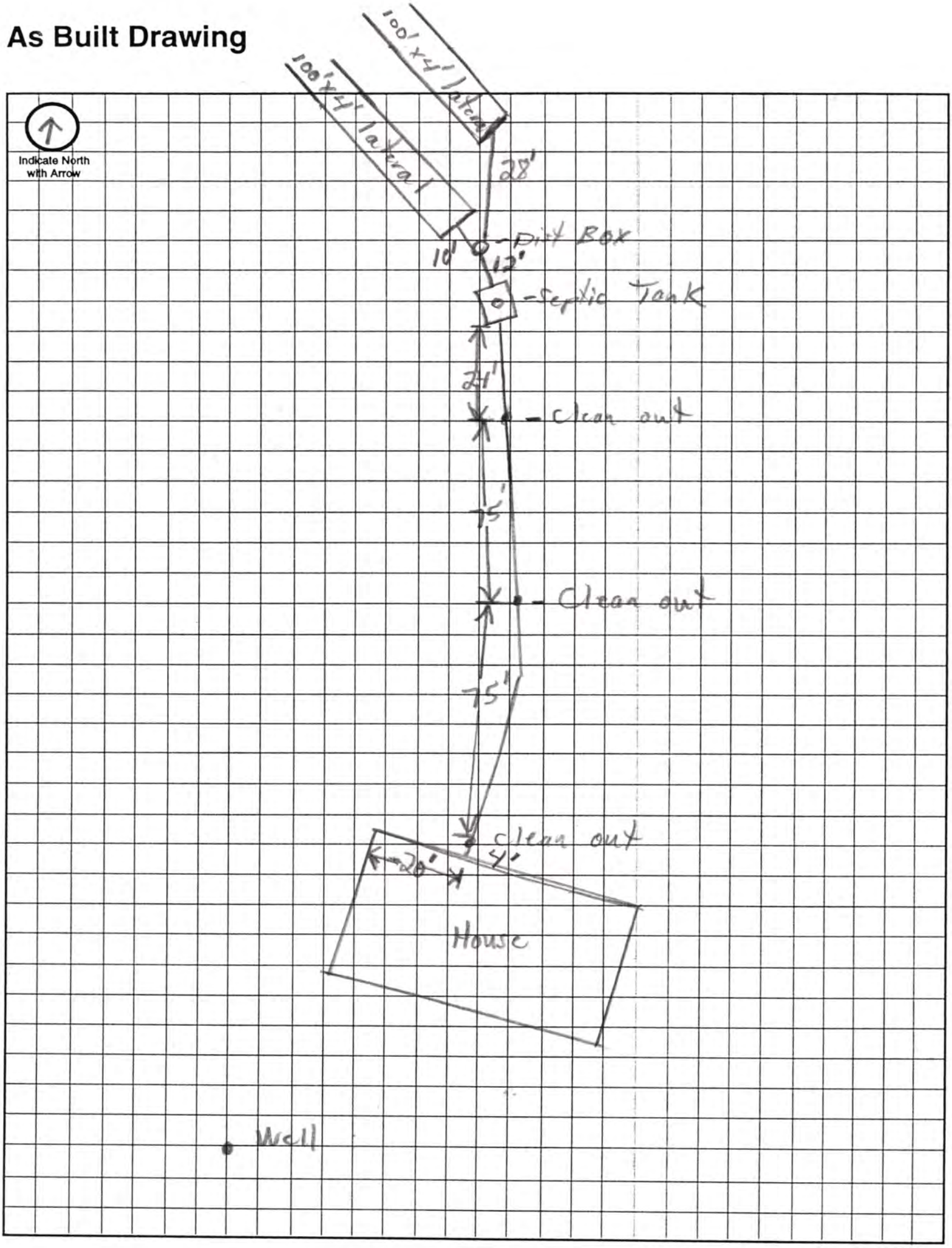
Indicate North with Arrow

Complete "As Built" drawing on back of this form.

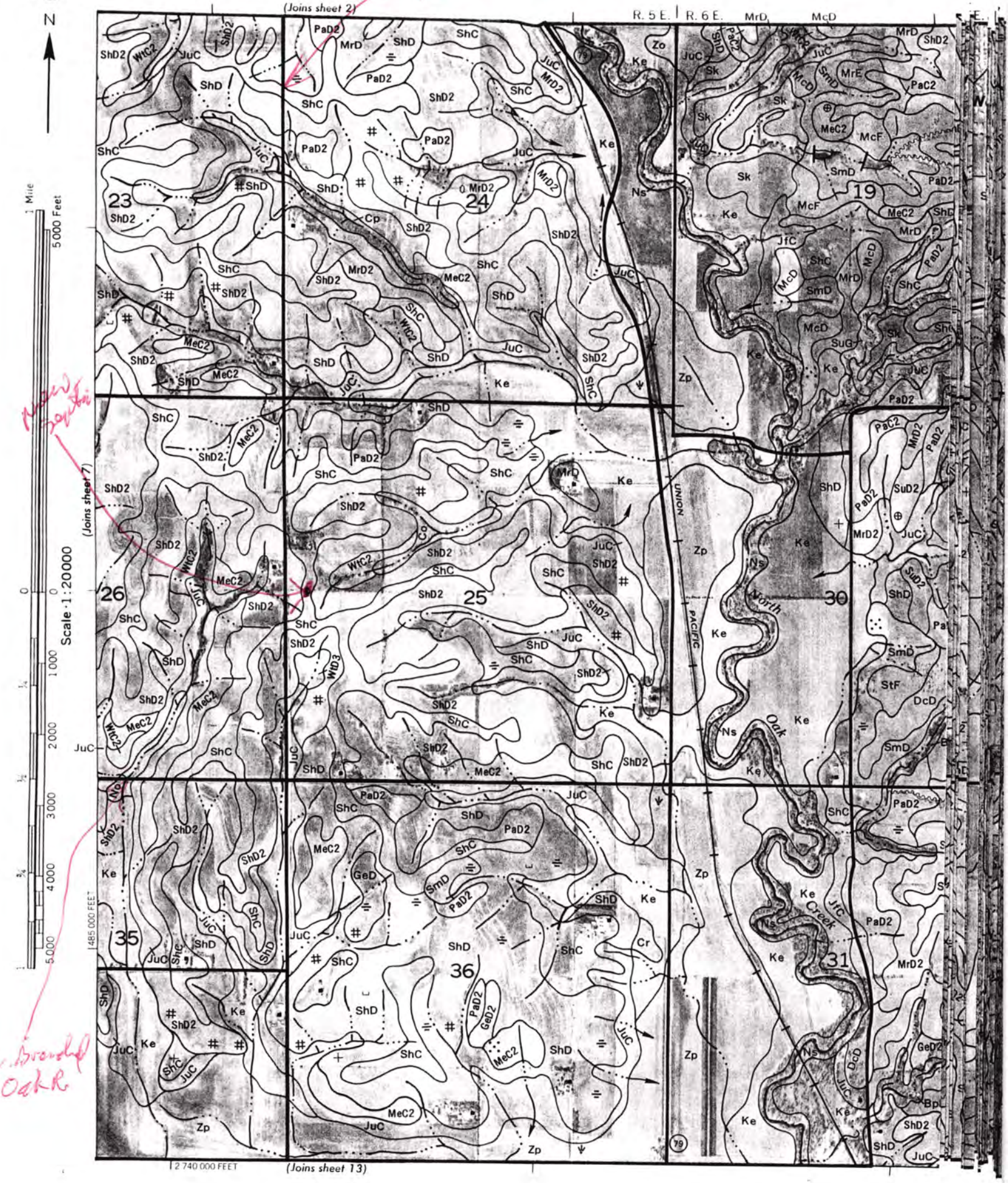
Individual Sewage System Design (Example)



As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s


NW 10th
(Joins sheet 2)
R. 5 E.
R. 6 E.
MrD
McD
N
1 Mile
5000 Feet
Scale 1:20000
(Joins sheet 7)
(Joins sheet 13)
1485 000 FEET
2 740 000 FEET
23
24
25
26
30
31
35
36
19
UNION
PACIFIC
North
Oak
Creek
Ke
ShD2
ShC
JuC
PaD2
MrD2
MeC2
WtC2
ShD
Ns
Zp
SmD
McF
McD
MrD
SuD2
StF
DcD
GeD2
Cr
Co
WtD3